

**County of San Luis Obispo 2011 Continuum of Care Project Application:
SHP Permanent Housing Projects**

DUE: Friday, September 30th by 5:00 pm (no postmarks accepted) to Morgan Torell, Planner III

Note: The County may ask your agency for more information/clarification about your project proposal.

1. Project Name: _____

2. Project Type (please check)

☐ New ☐ Renewal

Are you proposing to do a Hold Harmless Need Reallocation from an existing project?

☐ Yes ☐ No

3. Program Type:

SHP ____ 1 Year Term ____ 2 Year Term ____ 3 Year Term

☐ Permanent Supportive Housing – Permanent Housing Bonus

☐ Permanent Supportive Housing – Hold Harmless Need Reallocation

S+C (applicant must be the public housing authority or the County) - **STOP (this application is only for the SHP grant)**

☐ Tenant based rental assistance (TRA, 5 year term)

☐ Sponsor based rental assistance (SRA, 5 year term)

☐ Project based rental assistance without rehab (PRA, 5 year term)

☐ Single room occupancy (10 year term)

SRO (applicant must be a public housing authority or private nonprofit, 10 year term) –

STOP (this application is only for the SHP grant)

☐ Single room occupancy

4. Provide a general description of the project. The description must identify the target population and address the specific housing activities, including any housing development activities. (Max 3000 characters)

Note: All applicants must provide a clear and concise picture of the community/target population(s) to be served, the plan for addressing the identified housing, support services, and/or HMIS needs/issues of the community/target population(s), projected outcome(s), any coordination with other source(s)/partner(s), and the reason why support is required. In cases where the (proposed) project is expanding an existing facility, service, and/or HMIS system, document, when applicable, how the requested funds will supplement existing services and resources, increase participants served, and/or increase the capacity of the CoC's HMIS. The program description is expected to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term being requested. If any project site is not currently owned or under a lease agreement, provide a summary of relevant contracts and agreements (e.g., with local landlords, housing locator specialists, public housing authority, other partner organizations), to ensure that there is no delay in starting to serve persons, or leasing units for reasonable rents. Reference may be made to other parts of the application, as needed, in order to reflect information about multiple sites, outreach and services to be provided, HMIS implementation, and/or geographic or demographic data. In addition, Permanent Housing Bonus projects must address each requirement outlined in the FY2011 CoC NOFA.

5. Experience:

a. Describe your agency's experience in working with homeless persons.

Describe any relevant previous work of a similar nature, especially as it relates to working with homeless persons and the project's target population. For HMIS projects, describe the expertise of the applicant and each project sponsor to using HMIS to count homeless persons and knit together homeless service providers in the CoC community.

If applicable, describe your agency's experience as it relates to timely construction or rehabilitation. All developers should have experience with environmental documentation and permitting. Include the role of each developer, and the oversight and construction management to ensure timely completion property construction or rehabilitation.

- b. Describe your agency's experience as it relates to leasing units, administering rental assistance, providing supportive services, and implementing a HMIS, as applicable to the proposed project.** Include in the description the role of each organization and how their expertise contributes to the project's operation and provision of supportive services.

6. Does the project use Energy Star?

☐ Yes
☐ No

7. Please provide source documentation showing your agency's nonprofit status.

☐ Attached

8. Project contact information:

Prefix: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Suffix: _____

Title: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

9. Please check the type of proposed housing for this project:

- ☐ Barracks (Individual or family sleeps in a large room with multiple beds.)
☐ Dormitory, shared or private room (Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both.)
☐ Shared Housing (Up to 8 individuals or 4 families share a self-contained housing unit)
☐ Single Room Occupancy (SRO) units (Each individual has private sleeping/living room which may contain a private kitchen and/or bath, or shared, dormitory style facilities.)
☐ Clustered apartments (Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV—and persons without any special needs.)

- ☐ Scattered Site Apartments (Each individual or family has a self-contained apartment that is dispersed throughout the community.)
- ☐ Single family homes/townhouses/duplexes

10. Indicate the address of each site for which funding is requested to house participants and where services will be provided to the target population. Any location for which leasing funds is requested through the Exhibit 2 application are prohibited from being owned by the applicant, sponsor, or a parent organization of either.

Location Name _____
Location Street Address _____
City _____
Zip _____

Location Name _____
Location Street Address _____
City _____
Zip _____

Location Name _____
Location Street Address _____
City _____
Zip _____

11. Is the project providing support services for another PH or TH project? (If the application requests funds for support services for another transitional housing or permanent housing (SHPPH, S+C, or SRO), select 'Yes'. This means that this project and the other housing project are serving (or will be serving) the same clients.)

- ☐ Yes
☐ No

12. **Indicate number of units, bedrooms, and beds for each housing type in the project:**
Report the number of units, bedrooms, and beds available at a point-in-time and used for housing participants in this project.

- a. Units:** Enter the total number of units available at a point-in-time in the selected housing type and used for housing project participants. _____
- b. Bedrooms:** Enter the total number of bedrooms available at a point-in-time in the selected housing type and used for housing project participants. _____
- c. Beds:** Enter the total number of beds available at a point-in-time in the selected housing type and used for housing project participants. _____

13. **For new SHP Permanent Housing Projects:**

More than 16 persons living in one structure. Select 'Yes' or 'No' to indicate if more than 16 persons reside (or will reside) in any one of the structures assisted with SHP funds requested through this application. If there are more than 16 people, then an explanation is required as to how local market conditions necessitate this size, and how neighborhood integration can be achieved for the residents. For more information on the 16-person limit, see Section 424(c) of the McKinney-Vento Act.

- ☐ Yes
☐ No

14. For new SHP projects, do you propose the expansion of capacity at any site(s) already in the applicant organization's approved project scope? (Expansion includes: adding more service providers for an existing project (this includes as providers to an HMIS); providing additional or new services for an existing population; bringing an existing project up to State or local health/safety standards; or increasing the population of an existing project, by subsidizing persons previously subsidized through other sources. Expansion is not applicable if a brand new population is being served, or a brand new effort is being undertaken, outside of the scope of an already existing project.)
- ☐ Yes
- ☐ No

If Yes, please describe the specific expansion activities.

15. **Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?** Any project applicant requesting funds to provide housing or services to families must indicate in the application whether or not the project has established policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects not requesting funds to serve children or youth should select the 'Not applicable' response to these questions.
- ☐ Yes
- ☐ No
- ☐ Not applicable

16. **Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Any project applicant requesting funds to provide housing or services to families must indicate in the application whether or not a staff person has been designated to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. *Projects not requesting funds to serve children or youth should select the 'Not applicable' response to these questions.*
- ☐ Yes
- ☐ No
- ☐ Not applicable

17. **Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution.** Applicants not in compliance with Federal education assurances must provide an adequate description of the reason(s) for noncompliance, as well as document a corrective action plan. Failure to comply with Federal education assurances may result in Federal sanctions, and significantly reduce the chances of receiving funding through the CoC competition.

18. **Describe how participants will be assisted to obtain and remain in permanent housing.** The narrative must document plans to move participants from the streets, emergency shelters, safe havens, and transitional housing into permanent housing, as well as plans to ensure that participants stabilize in permanent housing. A good response will acknowledge the needs of target population and plan to address those needs, including the current and proposed case management activities, and the availability and accessibility of supportive services, include primary health services, mental health services, educational services, employment services, life skills, and child care services, if applicable. If participants will be housed in leased units, the narrative must also indicate how units will be located and how the applicant or sponsor will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

19. **Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.** The description must address needs of the target population and required supportive services, the availability and accessibility of those supportive services, and any coordination with other homeless services providers and mainstream systems. The narrative must specifically indicate how service delivery plans and requested funds cause participants to become employed; how the plans and requested funds cause participants to be able to access SSI, SSDI, or other mainstream services; and how the plans and requested funds contribute to participants becoming more independent.

20. **Specify the frequency of supportive services to be provided to project participants.** Check all supportive services and frequency of services that will be available to participants, using the funds requested through the application, and funds from other sources.

Supportive Service	Check Frequency					
Outreach	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
Case Management	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
Life Skills	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
Job Training	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
Substance Abuse Services	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
Mental Health and Counseling	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
HIV/AIDS Services	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
Health/Home Health Services	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
Education and Instruction	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
Employment Services	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
Child Care	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
Transportation	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
Other (Please specify)	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly

21. **How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.)?** The following basic amenities are considered essential communities amenities: schools, libraries, churches, grocery stores, Laundromats, doctors, dentists, parks or recreation facilities. If these amenities are within walking distance or easily accessible via reliable transportation, then the amenities are considered very accessible.

- ☐ Very accessible
☐ Somewhat accessible
☐ Inaccessible

22. Please mark proposed number and type of project participants:

Project Participants – Households *without* Dependent Children

1. Total Number of Households		PROPOSED SUBPOPULATIONS					
	Total Persons (unduplicated)	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults							
3. Non-disabled adults							
4. Disabled unaccompanied youth							
5. Non-disabled unaccompanied youth							
6. Total Persons							
7. Total number of adults							
8. Total number of unaccompanied youth							

Project Participants – Households *with* Dependent Children

1. Total Number of Households		PROPOSED SUBPOPULATIONS					
	Total Persons (unduplicated)	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults							
3. Non-disabled adults							
4. Disabled children							
5. Non-disabled children							
6. Total Persons							
7. Total number of adults							
8. Total number of children							

23. Enter the **percentage** of homeless persons who will be served by the proposed project from each of the following locations (must total 100%):
- _____ Persons who came from the street or places not meant for human habitation
- _____ Persons who came from emergency shelters
- _____ Persons who came from transitional housing, who came directly from the street or emergency shelter
- _____ Other locations (please describe how the persons will meet the homeless definition) _____

24. If the project has leveraging resources secured for the project, please answer the following questions for written commitments in-hand at the time of this application.

Type (please check): ☐ cash ☐ in-kind

Name of Source of Contribution: _____

Type of Source (please check): ☐ Private ☐ Government

Date of Written Commitment: _____

Value of Written Commitment: _____

25. Budget Items:

When can your project be fully operational and ready to provide housing and services (month and year)? _____

Proposed Budget (for SHP applications)

Operating Budget

Eligible Costs	Quantity	SHP Request Year 1	SHP Request Year 2	Total
1. Maintenance/Repair				
2. Staff				
3. Utilities				
4. Equipment				
5. Supplies				
6. Insurance				
7. Furnishings				
8. Relocation				
9. Other (specify)				
10. Total SHP Request				
11. Cash Match				
12. Total SHP Operating Budget				
13. Other Resources				

Leasing Budget

Unit Size	Number of Units	HUD Paid Rent	Number of Months	Total Rent (per unit size)
SR0				
0 Bedroom				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 Bedroom				
5 Bedroom				
6 Bedroom				
7 Bedroom				
8 Bedroom				
Totals				

Supportive Services Budget

Eligible Costs	Quantity	SHP Request Year 1	SHP Request Year 2	Total
1. Outreach				
2. Case Management				
3. Life Skills (outside of case management)				
4. Substance Abuse Services				
5. Mental Health and Counseling Services				
6. HIV/AIDS Services				
7. Health Related and Home Health Services				
8. Education and Instruction				
9. Employment Services				
10. Child Care				
11. Transportation				
12. Other (must specify)				
13. Total SHP dollars requested				
14. Cash Match				
15. Total SHP Supportive Services Budget				
16. Other resources (cash and in-kind)				

SUMMARY BUDGET

SHP Activities	SHP Dollars Requested	Cash Match	Totals
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (lines 1-3)			
5. Leasing			
6. Supportive Services			
7. Operations			
8. HMIS			
9. SHP Request (subtotal lines 4-8)			
10. Administrative Costs (up to 5% of line 9)			
TOTAL SHP Request (total lines 9 and 10)			